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APPLICANTS

Douglas I. Lovison, Cardiff, CA;

** CONTINUING DATA *****

None *AB*

** FOREIGN APPLICATIONS *****

None *AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

KENNETH P. KROHN
2131 PALOMAR AIRPORT ROAD, SUITE 320
CARLSBAD , CA
92009

TITLE

Hand grip exercise system

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